File with: lowa Ethlos and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

### FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State
Parties must be filed electronically.

OCT 1 9 2010

			** ** *** *** **	Control of the second of the second
COMMITTEE NAME (Must be same as on Statement of Or	rgenization)	<b>-</b>		
Bainbridge For Reco	ondon.		FORM	
IMPORTANT: Indicate by # type of committee you are reporting for	r. l		DR-2	DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Car	(2)State PAC (3)State Party		ev. 12/2009)	REPORT
Subdivision Candidate (8) County PAG (9) City PAC (10) School 11) Local Baltot Issue	of Board or Other Political Subdivision PAC	(     🗗	r Office Use On	
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party (if applicable)			
Jim Bambridge	Republican	Co	mouter	
Office Sought	District (if Senate or House)			
County Recorder				
Late reports are subject to possible civil and criminal penalties. F candidate's committee, and the chairperson, for any other type o	ursuant to lowa Code sections 68B.32A	(7) and 68A	.401(3), the car	ndidate, for a
	Tourisides, in the maintain temporaries	. TOT THINKS IN	nery and accure	ite reports.
dadi. Jumes	563-210-0803.		10/017	ic) d
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	_	DATE S	IGNED
	,			
IAMFILINGA October 19 2010	REPORT FOR (1) ELECTION	/( <u>2)N</u> ON-E	LECTION YE	AR.
(report date)	Indicate by	# 🔲		
□CHECK IF AMENDMENT TO REPORT DATED		Local Comm	niltees, enter Da	te of Election
			,	
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3.	County & Lo		enter County in
	,	WINGII ENGC	100	
	L.			
STATEMENT OF CASH ON HAI				
CASH ON HAND at the beginning of the reporting period. ( committee. This amount MUST be the same as the	Fotzi of all funds held by the e cash on hand at the end			$\wedge$
of the last reporting period or must be zero if this is	first report filed.)	\$		<u>ں</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD				<b>5</b> 4
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind below)	••••••		30,00
Schedule F: Loans Received total (Attach Schedu	-		-	<u> </u>
Schedule H: Total Sales of Campaign Property (A	ttach Schedule H)		<u></u>	<u>e                                     </u>
(Schedule H applies to Candidates' Cor			) - p (	% (%)
	SUB-TOTAL	\$	<u>658</u>	<i>80,00</i>
SUBTRACT TOTAL MONEY SPENT THIS PERIO			<b>177</b>	26 (L)
Schedule B; Expenditures total (Attach Schedule I				12.17
Schedule F: Loan Repayments total (Attach Schedule F)	dule F)			Ten o l
CASH ON HAND at the end of this reporting period (if final r	eport balance must be zero)	\$	<u></u>	7,86
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch				B
**OUTSTANDING LOANS (From Schedule F - Altach Sche			50	00.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	•		YES X	NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H - A	ttach Schedule H)	s		
STATE COMMITTEES: Submit a reconciled campaign acc		h vear.	· · · · · · · · · · · · · · · · · · ·	

## For Instructions, See Back of Form

#### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	MONETARY
COMMITTEE NAME (Must be same as on Statement of Organization)  Baint de for Recorder,		CK THIS BOX IF NDING FORM

SCHEDULE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD,

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE* (if applicable)	RECEIVED	FUND-
	NUMBER		(п аррисаци)		RAISER INCOME
8/24/10.		Scott County Republican Control.	NA.	\$ (00000	
	CK#13509.	PO Box 534 Comm Bellendow, IA 52722.	<i>,</i> , .		
8/24/10.	ID#				
RISANO.	CK#	Scott County Republican woman	NA	3500	
Khlo	ID#	Ray Ambrosa.	,		
,,,,,	CK# 1200	17310 Filmore St.	NA.	<i>a6</i>	
	ID#	Davenport, It sales			
10/2/10		Paul & Komon Rohlf 2412 E. Rivare 121:42.	/ /	25	
	CK# 5811	Dawnpot. IA 52803.	NA		
10/7/10	ID#	Denuis Conard.	10		
1 1 110	CK#	3082 Balmont Pl.	NA	20,	
_ 1 1	ID#	Musidale IA 52722			
101/10		Broad & Geomita mcDuffy.	Aln	<b>↑</b>	
	ск# 9440.	Blue Grass, IX 52726		25-	
10/7/10	ID#	Faul Jane K.	NA		
101 IIIG	CK# 5137	4332 W. 30th 8t.	10//4-	50-	
	1D#	Davenport. It 52804.		)	
61710		Hubert Princes.	NA		
	CK# 3625	2990 S, Hampton Dr. Bettendorf, It 52722.	1012-	25	<u> </u>
	ID#				
1017110.	CK# 3290	Supan fracer.	NA	<b></b>	
		le Claire, IA 52753		60	<u> </u>
	1D#	Richard Colleghorst'	NA·	، بد	
	CK# 5210.	790 S. Mary 5273.	·	60	الــــا
	_	MULCON, 127 DAITS.	SUB-TOTAL	60	
				\$1250,00	
		TOTAL (If last page of	of this schedule)		

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of Of (for Schedule A)

## For instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	Control of the Contro	<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  Bain bridge For Recorder.			CK THIS BOX IF NDING FORM

SCHEDULE I

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of Information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	J JE SOD
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	V IF FOR FUND- RAISER INCOME
10/13/10	CK#6129.	Wayne 4 Kay Wagner 5206 Coachman Rd. Bellendorf. It 52722. Uniterrized.	NA.	\$ 50-	
ialisho.	ID#	uniternized.	NA-	280-	-
	ID#		-		
	CK#			-	
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	CK#				
	ID#	·			
	CK#				
			SUB-TOTAL	s 330°00	

TOTAL (If last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

FOR	INSTRI	UCTIONS.	SEE BACK	OF FORM

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400		***	-	CHEY:	teres.	*******
9.00				-		
	100					

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be	same as on Statement of Organization)	<del></del>	
	wbridge	For Recorder.		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/29/10	CK# 30009'	Jim Bounbridge.	reinbusement for Starting of website for to baddy con.	s 69. 9a
वीरीक	CK#300(	US Bank.	Cuernight privits for Cuernight privits for Culterhead paper	ISB. 45
9/15/10	CK#3001.	US Banil	reimbusement to. Recision Signz for Yard Signs.	413,00
alulio.	CK#-300(	US Bank	reimbusement to. Walmart for envelopes for letterhead.	12.23
alidio	CK#-300(	US Bamil	beimpusement to. USPS for postage for mailings.	47.52
iolislio.	ID# CK# 2003.	The New Opendone	for fundraiser.	8750
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	\$

THIS BOX	<b>APPLIES TO</b>	<b>CANDIDATES'</b>	COMMITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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DAAA.		-4	1
Page _		01	

\$7792

TOTAL (If last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTE	E NAME (Must be same as on Statement of Organization)		D INCURRED Rev. 08/98) INDEBTEDNES
NOTE: Debt	s previously reported that remain unpaid must be included on tidule, as well as any new obligations incurred in this period.		CHECK THIS BOX IF AMENDING FORM
1101100)	BLIGATIONS REMAINING THIS REPORTING PE NCLUDE LOANS SHOW LOANS ON SCHEDU	LE F) re	n "incurred debt" is a debt for ods or services ordered or ceived, but not pald for by the id of the reporting period., gardless of whether an invoice
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	CLOSE OF REPORTING
5/24/10	Jim Bainbridge 4404 Ridge Drive. Davenport, DA 50806.	condy fer Danad	PERIOD*
7/ailio	Same as above	carray for parade	43.01.
8/13/10.	same as above	country for parad	e. 38,34
8/31/10	Same ces above	condy for parad	10.3k
10/4/10.	Same ababase	Thank Parcards. and food for fundacion.	14.40
10/4/10	some out above	food for fundraise	w 44 14
Ollshoi	Same as above,	food for fundrauser	- 44.1 <del>0</del>
	TOTAL DEBTS OWED BY COMMITTEE AT	SUB-TOTA THE END OF THIS REPORTING PERIOR	375.57
*If actual figure is u	nknown, show "estimated" beside the figure,	Pa	ge of

CANDIDATE COMMITTEES NOTE:

'Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTION	ONS, SEE BACK OF FORM			
COMMITTEE NAM	E(Must be same as on Statement of Organization)		SCHEDULE	
Baink	ridge For Rocordon			LOANS RECEIVED & REPAID
NOTE: This sched	ule reports money loaned to the committee which is deposited in th	R committee account	CHECK TH	IS BOX IF
TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$			AMENDING FORM	
PARTI - MONETA (Original	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is inv	olved. Include loans from candi	date's personal fund	rs.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT OF L	OAN
10/1/10	Jim Bounbridge. 4404 Ridge Dr. Davenpool. JA 5286.	Solf/candidat	\$ 5000	Œ
			F . CX	4
		TOTAL (PART I)	s_5000	
PART II - MONETA (Loans fo	ARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD of the reported on Schedule E — In-kind Contributions.)	TOTAL (PART I)	s 5000 C	_
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		
LOENS 10	given must be reported on Schedule E In-kind Contributions.)		AMOUNT REPA	
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO		
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPA	
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPA	
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPA	
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPA	
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPA	
DATE PAID	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPA	
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPA	NID
DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPA	NID
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL CASH REF	RELATIONSHIP TO CANDIDATE* (If Applicable)  PAYMENTS (PART II)  OANS FORGIVEN  OF REPORT PERIOD	AMOUNT REPA	NID
DATE PAID (MM/DD/YR)  *Disclosure law requirements a contribution consangularity (blood	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL CASH REF From Schedule E TOTAL L  YOTAL OUTSTANDING LOANS END ( ires candidate committees to disclose the relationship of any relatives) and affinity (relatives by marriage). If surname of contribite, but there is no familial relationship must be shown to the third degree relatives) and affinity (relatives by marriage). If surname of contribite, but there is no familial relationship must be shown to the third degree relatives) and affinity (relatives by marriage). If surname of contribite, but there is no familial relationship must be shown to the third degree.	RELATIONSHIP TO CANDIDATE* (If Applicable)  PAYMENTS (PART II)  OANS FORGIVEN  OF REPORT PERIOD	AMOUNT REPA	NID